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Oct. 1982

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1982 - 1983

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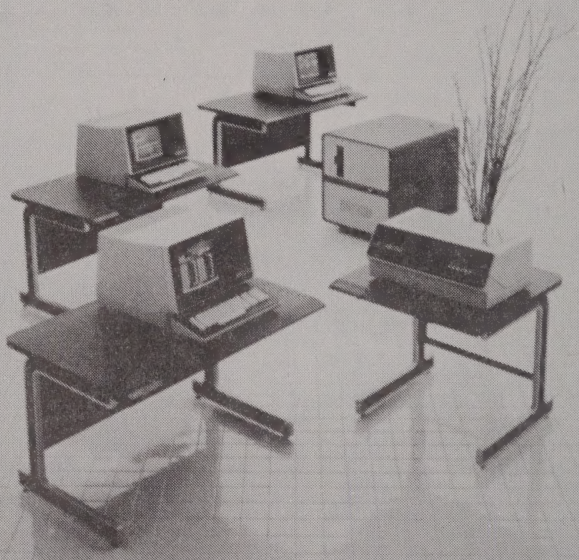

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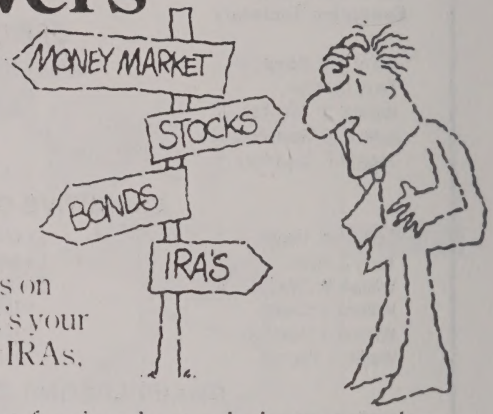

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The official bulletin
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William A.R. Chapin, M.D.

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THE HAMPDEN HIPPOCRAT IS PUBLISHED MONTHLY EXCEPT FOR JULY AND AUGUST.
THE OPINIONS EXPRESSED IN THIS BULLETIN ARE THOSE OF THE WRITERS AND DO NOT REFLECT THE OFFICIAL VIEWPOINT OF THE HAMPDEN DISTRICT MEDICAL SOCIETY UNLESS SO STATED.
ALL COMMUNICATIONS SHOULD BE ADDRESSED TO VIVIAN M. PURDY, HAMPDEN DISTRICT MEDICAL SOCIETY, 1414 STATE ST., SPRINGFIELD, MASS. 01109; TELEPHONE: 736-0661.
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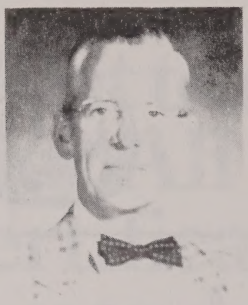


PRESIDENT'S PAGE

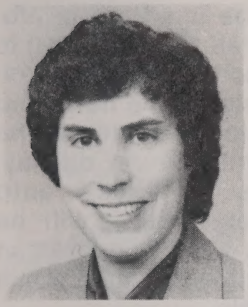
Garry deN. Hough, III, M.D.
President

This issue of the Hippocrat contains information about the aims and activities of our Auxiliary. In the past few years, the HDMS Auxiliary has changed from a social and fund-raising group to an active educational and service organization. Most physicians realize that their greatest single asset is their spouse, but medical societies have been slow to realize that the same is true on an organizational level. This is the third year the Auxillians have been sitting with HDMS standing committees. I hope their contributions will be even better than before. We need their support, especially in scholarship and legislative activities, and we intend to support their activities, especially in community education.

One current joint activity is house staff membership. Residents are making significant contributions to many medical societies. On June 29, the membership committee and the Auxiliary held a wine and cheese reception at Baystate Medical Center for the house staff and spouses. Attendance was better than last year, but membership returns have been disappointing so far. The enthusiasm of these young physicians is contagious, and I hope you will each bring one or more residents to the District meetings. Their spouses also have both needs and talents. The Auxiliary sponsored square dance on October 8th is intended to draw their attention to the Society. Come spend a pleasant and rewarding evening with those who represent the future of medicine.

In an earlier column, I promised reports on membership services of MMS and HDMS. You learned of one of these last month when you were notified that the Medicaid discount of 15% (on 1975 charges) had been revoked. This was accomplished by gubernatorial veto at the request of MMS, after the legislature had once more appended the discount to the 1983 state budget. It set the stage for our legislative agent to negotiate for an update in overall Medicaid fees.

Another HDMS service is the monthly CME progam of the Springfield Academy of Medicine, held on the 2nd Monday of each month at Providence Hospital. The quality of speakers, supplied under contract by Harvard Medical School, is excellent and the subjects cover a wide range of interest. If these programs are well attended, the HDMS Committee on Education and the Library is considering expansion of this program into other hospitals. Once more we have an opportunity to control our own educational program instead of depending on a statewide agency. As in all Society activities, your participation will decide its success. □



Auxiliary News

According to a 1981 Gallup Poll, three adults in ten are doing volunteer work, and a Roper Poll reported that people believe voluntary organizations are more responsive to people's needs than federal programs. Our auxilians nationwide believe in volunteerism and take it seriously. Our members, according to our immediate past president of the AMA Auxiliary, are concerned for the "health of the people in their communities and support for the medical profession." We raised $1.7 million last year to support medical education and we gave thousands of dollars in health careers scholarship awards.

National, state and local auxiliary projects are supported by our three in one payment of dues ($30: $9 local, $6 State, and $15 National). National provides all kinds of materials, resources, and training to help our volunteer work in our communities. I have several publications from the American Medical Association Auxiliary on Services to the Aging, Alcoholism, Blood Donors, Drugs of Abuse, Legislation, Mental Health, Smoking, Nutrition, Venereal Disease, and more for implementing community projects. There is a publication called Project Bank: a summation of projects from auxiliaries all over the United States. State will help us interpret these goals and plan programs, and we at the local level do our best to provide health education in the community.

Our spouses in Hampden County represent various hospitals and specialties. As spouses of physicians, we too have various forms of expertise in our work and volunteer activities. We are changing: there are many more male spouses, and foreign physicians' spouses. We

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must all pull together and change to meet all our needs as an auxiliary. Socially, so far, we have two evening events: an October Square Dance to welcome the House Staff at BMC, and a joint dinner meeting in January with the Medical Society. We will try 'Getting to Know You' coffee hours in the evening. A community wide seminar is planned for March on adolescent stresses. We hope you will find something to interest you this year.

We also have fund raising activities. They will include an AMA-ERF (American Medical Association-Education and Research Foundation) Holiday Share-A-Card and a November Career Scholarship Drive to raise funds for paramedical students. We gave five $500 scholarship awards last June to Hampden County residents after reviewing 110 applications.

We donate our time and funds to the Museum of Science. When the Museum applies for grants, they can use our hours donated for statistics. It is a pleasure to note that BayBank Valley Trust Co. granted from their Dexter Fund $25,000 to the Springfield Science Museum toward the acquisition of a transparent anotomical mannequin (TAM) to be used in the proposed Health Hall. Our Heart Kit is now rented to schools, lectures are given by docents on the heart and muscular skeletal system, the pacemaker exhibit is on display, and a "Make It Click" auto passenger safety exhibit will be completed this year. Docents can be trained any time so please make yourself available.

Last year, you may be interested to know that 10 auxilians completed a CPR course at the Mercy Hospital after our Fall meeting on CPR and Hospice. If any of you joined the Hospice volunteers, I would like to know for our next news letter. In May we received a state award for the largest county membership.

During the year our legislative chairman receives state mailings regarding legislative issues pertaining to medicine. You may be asked to participate if there is a legislative alert. Please respond.

I am very proud and happy to be elected your president. If you have any ideas, suggestions, or comments, please call. We are a team effort. □

AUDREY RICH
(Mrs. J. Gordon), President
The Auxiliary to the H.D.M.S.

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Message for Hampden Hippocrat

My warmest greetings to all of you.

It is a great honor for me to be president of this great organization, an honor I accepted with pride and humility. In my travels across this nation in the past year, my heart swelled with pride for the country in which we live and for the work members of the auxiliary are doing in local communities to help the people of this nation live healthier, happier lives.

It is a thrilling and exciting time to be an American and a thrilling and exciting time to be a member of this organization. For as we realize that we have given our government responsibilities far beyond its means and our pockets, we must help people learn again to do things for themselves instead of asking the government to do them. As President Reagan calls on us for assistance in a return to citizen involvement in the problems of the nation, we must answer the call. We must be the leaders of that movement. We must show to all other nations what can be accomplished with unity and with America's most valued asset — the spirit of volunteerism upon which this country was built.

We celebrated the 60th anniversary of the AMA Auxiliary at our Convention in June. We remembered and recounted the proud history of this organization. We recalled and recognized the leaders who brought us to this point today.

It is on this history we have to build. Our country must be supported especially by us, for we are the conscientious stewards of mankind's noblest calling. We can do better than any of our counterparts anywhere else on this earth. In the tradition of our forefathers, let us mutually pledge that the Americanism once worth dying for is now worth preserving against all its enemies.

If we are to carry on the proud traditions on which this auxiliary

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was built, if we are to carry on the proud traditiions of the fathers of this country, we must be united in our purpose and our goals.

Let us take pride in our organization and our country. And to this organization and this country, let us commit ourselves and dedicate our talents. All we have done as volunteers for medicine — our health programs, our fund raising, our legislative action — has been done because we care about this nation and the health of its people.

We need the support of every physicians' spouse in this land in order to achieve our goals. We need to keep the interest of our present members and to involve all segments of the medical spouse community — those who are male, widowed, foreign-born, living in metropolitan areas, as well as those who are married to retired physicians, residents, and medical students. We must not overlook any potential members in our campaign, for all are needed if we are to spread the messages of good health habits, needed funds for medical schools, and legislative action for health.

It has been said that "only free peoples can hold their purpose and their honor steady to a common end, and prefer the interests of mankind to any narrow interest of their own." We are free people in a free nation. We are volunteers in a great organization. Let us hold our purpose and our honor steady to reach our common goal of quality living and good health for all people in this nation.

My very best wishes to you for another meaningful and successful year in Hampden District. □

BETTY PAYNE

AMA Auxiliary President

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Hampden Has "Heart"

Each fall the president of the Massachusetts Medical Society Auxiliary is privileged to bring her message to the Hampden *Hippocrat*. This is my opportunity to review, with pride, and comment upon the splendid record of achievements of the Hampden District Medical Society Auxiliary.

Your activities are a fine example of how auxilians involve themselves in meaningful programs — programs that support health-related endeavors that improve the quality of life for all citizens. Our national auxiliary encourages us to establish and support programs that are approved by the state and district medical societies; how well you of the Hampden District Auxiliary are following this directive.

We are proud of your involvement in public relations by distributing to your area radio stations the "On The Road To Good Health" public service announcements produced by the Masachusetts Medical Society. Your members' support of the scholarship fund by their various activities was outstanding. And, your continued involvement in the Springfield Science Museum and the deveolpment of your "Heart Kit" were featured in an article in the most recent issue of *Facets* magazine, the AMA Auxiliary publication. Hampden indeed has "heart" and this heartbeat is audible throughout the country.

PPS **Physicians Planning Service Corp.**
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Physicians Planning Service salutes The Auxiliary to the Hampden District Medical Society for 32 years of exemplary service to the medical community.

We auxilians have made great strides since the year 1922 when the AMA House of Delegates approved the organization of a "woman's auxiliary" and 24 women from 11 states attended the first organizational meeting. Today, in 1982, we have organized auxiliaries in almost every state with over 80,000 members who actively support health prgrams and health-related legislation and work hand-in-hand with medical societies and other health organizations. As auxilians we may become involved in so many areas of health: health education in schools, home health care services, organ donation, immunization, prevention of child abuse, prevention of drug and alcohol abuse, auto occupant safety programs, and programs to help our geriatric population. In support of medical education, auxilians across the nation have contributed over $1.7 million to the AMA Education Research Foundation (AMA-ERF).

Hampden District Medical Society Auxiliary is a great credit to its own membership, the state auxiliary and the national auxiliary. Under the able guidance of your president, Audrey Rich, I know you will continue to grow. Take pride in your past accomplishments and look forward to future activities with much enthusiasm. □

Mrs. Edward T. Gordon (Claire)

President, Massachusetts Medical Society Auxiliary

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Auxiliary Calendar Update

Wednesday, September 29th

JANE SHERMAN has been busy planning our Fall meeting. We will be off to healthy start on adult fitness and a light lunch. Bring a new member, friend, new partner's spouse, or a house officer's spouse. Your invitation is included here.

Friday, October 8th

HELEN GALLIVAN has created a double invitation for Sept. 29th and Oct. 8th Fun Night. Choose one or both and get your reservation in at least a week ahead so we know how many chairs, and how much food to plan for. You do not have to know how to square dance to attend, and this will be an excellent opportunity to greet the house officers at Baystate Medical Center. Please personally invite them if you know any of them. Valle's is centrally located, even if you are "on call". Please be prompt so we can get Squared Away!

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October 10-12
Our President-Elect, JOAN GUARDIONE, will attend the AMAA 1982 Leadership Conference in Chicago.

Thursday, October 21:
Mass. Medical Society Auxiliary Fall Conference

November:
CAROLYN LETTENEY will be looking for 100% participation during the Scholarship Fund Drive.

Thursday, November 18:
Congress on Health Education in Schools

Wednesday, December 1
CARROL-JEAN YORZYK has plans under way for another Victorian Holiday Tea at the home of LUCIANA NAVAZIO. This is traditionally a time to honor past presidents, and to vist with many members we may see only annually.

Tuesday, January 25th:
Joint dinner meeting with H.D.M.S. at the Marriott Hotel, Baystate West. This will be our second opportunity to attend an evening event with spouses. Watch the "HIPPOCRAT" for details.

Friday, March 25th
JANE CONDON has a large active committee preparing an all day seminar for credits at Springfield College. The theme will be Stresses on the Adolescent.

Wednesday, May 4th
CYNTHIA BYE has arranged for our annual meeting and luncheon to be at the Longmeadow Country Club. Crocketts, Ltd. will present a fashion show.

Tuesday, May 17th:
Mass. Medical Society Auxiliary Annual Meeting

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AMA-ERF

ALICE CUMMINGS AND JANE CONDON will be contacting you for a fundraiser "Share A Card" to support the American Medical Association Education and Research Foundation. Many Auxiliaries across the country give thousands of dollars for student loans and scholarships. If you wish to learn how much went to your favorite medical school, I have a list. We are also selling handsome roomy tote bags which you will see at all our gatherings.

DUES

We have been on a financial diet keeping local dues at $5.00, including several items in one mailing, and planning for each event to pay for itself. We hope that by increasing the dues to $9 while State is $6 and National is $15 that we will not need another increase in many years to come. Please keep us informed of address changes. Our budget includes the Science Museum projects, hospitality and programs, and business and committee expenses.

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MEDICAL SCHOOL:	Tufts University of Medicine 1971-75
INTERNSHIP:	Baystate Medical Center 1975-76
RESIDENCY:	Baystate Medical Center 1976-78
SPECIALTY:	INTERNAL MEDICINE

George Nemeth, M.D.
Mercy Hospital
271 Carew St.
Springfield, MA 01104

BORN:	June 4, 1946
MEDICAL SCHOOL:	College of Medicine of New Jersey 1966-70
INTERNSHIP:	Medical College of Virginia 1970-71
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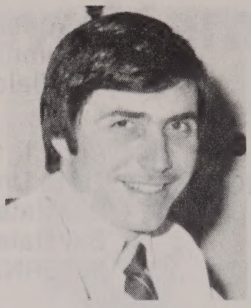
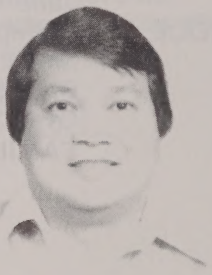


Peter J. Kelly, M.D.
16 King St.
Palmer, MA 01069

BORN:	April 8, 1950
MEDICAL SCHOOL:	Georgetown University 1972-76
INTERNSHIP:	Worcester City Hospital 1976-77
RESIDENCY:	Tufts New England Medical Center 1978-81
SPECIALTY:	OPTHAMALOGY



Jose D. Castillo, M.D.
575 Beech St.
Holyoke Hospital
Holyoke, Mass. 01040

BORN:	November 21, 1940
MEDICAL SCHOOL:	University of Santo Tomas 1960-66 Marian General Hospital 1966-1970
INTERNSHIP:	Brookdale Hospital and Medical Center 1972-73
RESIDENCY:	New York Hospital, Cornell Medical Center 1972-73
SPECIALTY:	ANESTHESIOLOGY

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CONTINUING MEDICAL EDUCATION PROGRAM

SPEAKER:	Edward J. Kosinski, M.D.
SUBJECT:	"TREATMENT OF UNSTABLE ANGINA"
DATE:	October 25, 1982
WHERE:	Providence Hospital
TIME:	7:30 P.M.
CME CREDIT:	2 Hours Category 1, Spfld. Academy of Medicine

Dr. Kosinski is instructor in medicine at Harvard Medical School and vice-chairman of the department at New England Deaconess Hospital.

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SPEAKER:	**Blake Cady, M.D.**
SUBJECT:	**"Breast Cancer Management**
DATE:	**November 8, 1982**
WHERE:	**Providence Hospital**
TIME:	**7:30 P.M.**
CME CREDIT:	**2 Hours Category 1, Springfield Academy of Medicine**

Dr. Cady is associate clinical professor of surgery at Harvard Medical School and coordinator of surgical oncology at New England Deaconess Hospital.

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Military Medicine

Medical care in the military setting got its start when combatants found it necessary to attend to their own wounds or to those around them (we now call this self-help or buddy care). Our first documentation of the physician's presence on or near the battlefield comes from records of early Egyptian conflicts with the "*Smith Papyrus*" of about 3000 BC being the earliest textbook of military medicine. Medical care was necessarily crude for centuries. By the 18th and 19th centuries the doctor was a recognized necessity in military units, and he developed aid stations and ambulance systems which allowed definitive medical or surgical care close up to the front lines of conflict. The rationale for providing immediate medical support to fighting men was (and still is) that soldiers fight better with the confidence that prompt professional care can be available in the event of injury.

Military medicine provided a fertile field in which physicians could learn first hand about wound management, disease control, and epidemiology. We easily recall names of physicians such as Ambrose Pare', William Beaumont, and of Drs. Letterman, Tripler, and Walter Reed for whom we have named large medical facilities. Spinoffs of military research have benefitted our civilian population as well, especially in areas like new surgical techiniques, evacuation, burn management, and control of infectious diseases such as yellow fever, typhus fever, typhoid fever, and malaria. Medical research still con-

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tinues in the armed services though, regrettably, much of it now must be devoted to improving our ability to cope with the effects of devestating man-made mass casualty situations caused by nuclear, chemical or biological weapons.

Improvement in manning, skills, techniques and transportation of wounded personnel contributed to an improvement in the ratio of killed in action to wounded in action from 1/3.1 in World War II to 1/5.6 in the Vietnam conflict. 8% died of wounds in World War I, 6% in World War II, and only 2% in the Vietnam conflict, partly because of improved evacuation times (10 hours in World War II, 5 hours in Korea, 1 hour in Vietnam). Although improved evacuation techniques meant that more critical patients reached medical care, 97.5% of them survived. As we train for the next conflict (which we hope will never develop) we have no certain predictions about what kinds of casualties we can expect or how they will respond to our best efforts; mostly because of major changes in our international tensions, armament, and philosophies of war.

Military medicine is not without its problems. Aside from the immediate and long-term needs to identify our specific roles in any future conflict we have the urgent requirement to improve our staffing. Specifically we need to assure retention of highly qualified personnel and to improve the quality of new recruits. In the absence of a military draft we can only make the practice of medicine in the military setting attractive enough to steal health professionals away from the civilian sector.

Physicians have various motives for entering a branch of military service, ranging from patriotism to their desire to escape the administrative and business management problems which attend private practice. They balance the advantages of vacations, travel, no need for health or malpractice insurance, and a retirement program against the lower income, the need to move the entire family every few years and the threat of combat involvement. Some, like myself, choose to remain in civilian practice but maintain their military skills through periodic training, providing one of the services with a reserve of professionals to employ as the need arises. For example, in the USAF 264 Reserve physicians in most specialties presently augment the regular force of 3564 medical corps officers. Pay raises, improved benefits, and better working conditions in the future may make professional staffing easier. Arrangements for military sponsorship of students through college and medical school will enable students who couldn't afford a medical education to get one, and it will provide a new source of military physicians. An adequate medical structure is essential in the support of our combat forces if our nation is to maintain a powerful defense. I am convinced that peace can be maintained if we represent an adversary so powerful that our foes find it unprofitable to attack us. □

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MAKING FINANCIAL REPORTS MORE USEFUL

While an attractively presented statement of income and expense prepared by certified public accountant has some usefulness, it may unfortunately not be a very good working tool. It too often presents a practice's numbers in a style which fails to help the physician(s), manager and advisors make ongoing practice decisions.

For example, an incorporated practice's financial report might lump the doctor's salaries into a general category called "Salaries and Wages" from which it will be impossible to evaluate any progress. Is the practice's overhead (defined as the costs for the physicians to run their practice) increasing? Is the ratio of staff salaries to overall gross income staying fairly constant? One cannot answer these and other important questions when all salaries are combined.

Unincorporated practices face similar financial reporting problems. A solo physician who employs another doctor will lose his grasp on the overhead (cost of providing physicians' services) if that salary is not segregated. And a Keogh contribution for the physician himself is not a practice expense for evaluation purposes even though deductible on his income tax return.

We therefore urge many clients to have their accountants recast the style in which practice finances are presented. All expenses which are necessary to conducting the practice for the provider-doctors (the true practice "overhead") should be listed after the practice receipts have been shown. The net income after those expenses would then appear as "Operating Net Income" or some such title.

Another category called "Physicians' Expenses" would fall below the Operating Net Income line. It would include salaries to physicians, retirement plan contributions and physicians' special fringe benefit payments — all the items which would be part of the doctors' net incomes had they not incorporated and/ or adopted special tax-favored arrangements. Then the final line would, of course, be the actual practice net income, essentially equal to the pre-tax profit line of a standard form financial report.

If an accountant cannot or will not revise his format to serve a client-practices's infomational needs, we think he should be replaced. But first the physician(s) should discuss the problem with the accountant so he can be guided in setting up the most useful form of financial report. There is no accounting reason why the format cannot be so adapted.

ACTION NOTE — Critically consider whether your practice's financial reports present the income and expense information in a useful manner; if not, discuss your needs with your accountant and have the format changed. □

Auxiliary

Dear Prospective Member, 1982-83

Last year, I was repeatedly asked, "What IS the Auxiliary?" and "What does the Auxiliary DO?" By definition, in our bylaws, the purpose of the Auxiliary to the Hampden District Medical Society is "to assist the H.D.M.S. in its programs to improve the quality of life through health education and services; to cultivate friendly relations and to promote mutual understanding among physicians families; and to inform members of important legislative matters." We have a variety of busy committees fulfilling all of the above.

Much of our health education under Ginny Walthall and her committee takes place within the Museum of Science through the help of trained auxilians who are our docents there. The kit on heart fitness is now in use on a rental basis in the schools. There is a pacemaker exhibit, and another exhibit on seat belt restraint "Make It Click" is in the making. The proposed Health Hall will become a reality at the Museum.

Carol Trachtenberg and Bobbie O'Neill will coordinate a legislative alert program this year and keep us informed of the Mass. Medical Society's views on upcoming legislation. We have a network established here in Hampden County which should continue smoothly.

Thus, we are an auxiliary of physicians' spouses, our common denominator. We work hard for community health education, and we also get together for meetings, luncheons, dinners, and lectures. Basically, classification for membership in the auxiliary includes the spouse of a physician who qualifies for membership in the H.D.M.S. or a resident spouse whose spouse meets the H.D.M.S. membership qualifications. One payment of $30 (less for residents and medical students) includes three auxiliaries: county, state, and national.

We hope the Welcome Wagon kit will familiarize you with our community and state. We have included brochures from the American Medical Association, Massachusetts Medical Society, and the Hampden District Medical Society Auxiliaries. If you have any questions, wish to be put on our mailing list for this year, or need somebody to come to a function with, call our Membership Chairman, Joan Guardione at 567-1931. She will know someone in your area you can contact.

Welcome! We are looking forward to meeting you. □

Sincerely,

Audrey Rich, President

CHECK AND STAY AHEAD OF YOUR MEDICARE PROFILE

Physicians typically have a difficult time deciding what they should charge for their various procedures. Most doctors are reluctant simply to ask their colleagues in order to develop common schedules, and that approach runs the specter of illegal price fixing. Furthermore, while it is easy to have someone call other offices to ask about a new patient visit fee or the charge for a delivery, one can hardly pull off that ploy as to less common procedures.

One item of information is readily available, courtesy of the Federal Government. You may request from your region's Medicare carrier a copy of the "prevailing fee data" for your specialty and for your region. The Freedom of Information Act requires delivery of that material upon your request, usually at a nominal charge. It will give you some indication of the fees in your area, so we believe each practice should take advantage of the opportunity **each year**.

The prevailing fee data can be extremely helpful, but first you must know how to use it. You will receive a computer print-out listing the procedure codes for your specialty's various servies and the "prevailing fee" for each item. If those figuress are not considerably less than your own practice's charges for those procedures, your schedule is probably far behind the times for several reasons.

First, the prevailing fee represents the 75th percentile figure of the charges made by all members of your specialty for a procedure in the calendar year 1980 — possibly two years ago. We certainly hope your fee schedule has been adjusted to stay ahead of that out-of-date number.

Secondly, even this older prevailing fee is arbitrarily limited by an "economic index" required by law. That index presently keeps each procedure's prevailing fee to 79% of the prevailing fee in effect in 1973 (which was in turn based upon fees actually charged in 1971).* Since the cost of living and medical practice expenses have certainly risen more than 79% since 1973, we expect our clients' actual fees to be ahead of the limited profile figures.

We advise clients and readers to stay at least 15% to 20% ahead of their profiles. Since the Medicare print-out is readily available, there's no excuse for not obtaining and checking information. It will often be very useful in helping you determine if any of your fees are clearly behind the times.

*This "economic index" limit should increase from its present 79% figure for the upcoming new fee screen year starting July 1.

ACTION NOTE — Obtain from your Medicare carrier the prevailing fee data for your specialty and region; your fees should be considerably ahead of the figures shown on the print-out. □

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After another succesful scholarship fund raising campaign in November, 1981, the Auxiliary was able to award five $500 scholarships to five area students pursuing nursing and allied health career programs.

Those receiving these scholarships area as follows:

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Mary Edwina Karpells, Wayne St., Springfield — Our Lady of the Elms

Anne Marie Sandillo, Bonair Ave., West Springfield — American International College.

Christine M. Angelica, Crestwood St., Springfield — Medical Technology at Stonehill College.

John E. Jury, Horsham Place, Feeding Hills, — Medical Technology, North Adams State College.

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